

FIG. 1

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101	122 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	111 11 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
102	2 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	112 12 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
103	3 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	113 13 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
104	4 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	114 14 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
105	5 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	115 15 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
106	6 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	116 16 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
107	7 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	117 17 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
108	8 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	118 18 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
109	9 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	119 19 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
110	10 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	120 20 Name _____ Arrival Time _____ Physician _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>

Log Book

Confidential Sign-In System

Practice Name: _____

Date From: _____

Date To: _____

FIG. 2A

Instructions for Using the Confidential Sign-In System

- 201 ▲ **WRITE DATE** in upper corner of the page being used in the "Patient Sign-In Log".
- 202 ▲ Place a sheet of "Patient Sign-In Labels" on clipboard and put at front desk, or wherever a sign-in sheet has been put in the past.
- 203 ▲ **PEEL** labels from the sheet **immediately** after **each** patient signs in, and **TRANSFER** to the "Patient Sign-In Log". *(Be sure to note that there are numbers on both the labels and the spaces on the log. The label numbered 1 should be placed in the space numbered 1, and so on down the page.)*
- 204 ▲ **MORE THAN ONE PAGE** can be used for any one day. **ALWAYS FILL OUT THE DATE** at the top of the log sheet.
- 205 ▲ If a label needs to be rewritten, write "VOID" in the log in the appropriate space, **OR** write "VOID" on the label and transfer to the corresponding space in the logbook.

Recommended Procedure

- 206 ▲ IF labels are left on the sheet at the end of the day, IT IS IMPORTANT THAT THE SHEET OF **REMAINING LABELS BE DESTROYED**. Use a **NEW SHEET** of labels for every **NEW DAY**.
- 207 ▲ **ALWAYS USE A NEW PAGE IN THE LOG FOR A NEW DAY AND START A NEW SHEET OF LABELS FOR EACH NEW DAY**. *This will allow for accurate accounting of the number of patients seen on any particular day.*

OR

Alternate Method #1

- 208 ▲ Do **not** destroy remaining labels at **END OF DAY**. START NEXT DAY where you stopped the day before, **staying in sequence**. Make a mark in the logbook to indicate the end of one day and the start of the new day, noting the **new date in the margin**. (i.e. if there are only 12 patients one day, you can start the next day using label #13, in space #13, making a noticeable mark to indicate the start of the next day.)

OR

Alternate Method #2

- 209 ▲ Do **not** destroy remaining labels at end of day. START NEXT DAY on a **new page** in the logbook, indicating the **new date** in the space provided, BUT put label in the appropriately numbered space (i.e. label #13 goes in space #13, just on a new log page).

FIG. 2 B

<p>① 324</p> <p>Place Patient Name Label Here</p> <p>322</p> <p>306</p>	<p>⑥</p> <p>Place Patient Name Label Here</p>
<p>②</p> <p>Place Patient Name Label Here</p> <p>307</p>	<p>⑦</p> <p>Place Patient Name Label Here</p>
<p>③</p> <p>Place Patient Name Label Here</p> <p>308</p>	<p>⑧</p> <p>Place Patient Name Label Here</p>
<p>④</p> <p>Place Patient Name Label Here</p> <p>309</p>	<p>⑨</p> <p>Place Patient Name Label Here</p>
<p>⑤</p> <p>Place Patient Name Label Here</p> <p>310</p>	<p>⑩</p> <p>Place Patient Name Label Here</p>

Date _____

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FIG. 3P

<p>11</p> <p>Place Patient Name Label Here</p>	<p>16</p> <p>Place Patient Name Label Here</p> <p>311</p>
<p>12</p> <p>Place Patient Name Label Here</p>	<p>17</p> <p>Place Patient Name Label Here</p> <p>312</p>
<p>13</p> <p>Place Patient Name Label Here</p>	<p>18</p> <p>Place Patient Name Label Here</p> <p>313</p>
<p>14</p> <p>Place Patient Name Label Here</p>	<p>19</p> <p>Place Patient Name Label Here</p> <p>314</p>
<p>15</p> <p>Place Patient Name Label Here</p>	<p>20</p> <p>Place Patient Name Label Here</p> <p>315</p>

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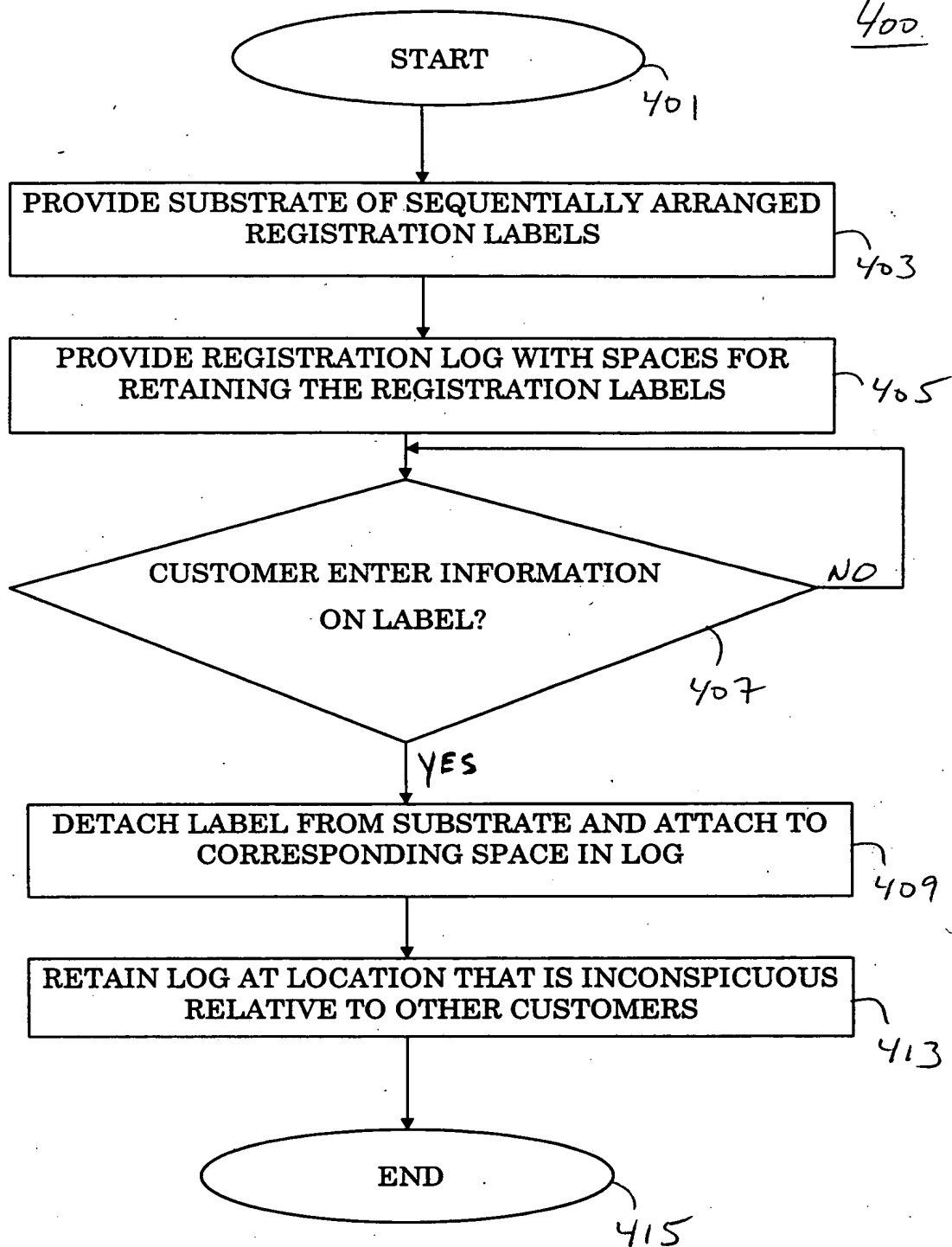


FIG. 4